PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			<i>3</i> 3					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 375.00		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		, (S)			X\$ 9=		27	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		·			X42= - X C:			OR	X84=		
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT			-14		+140:	_		OR	+280=		
+ If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA	L	486	OR	TOTAL		
3	CLAIMS AS AMENDED - PART II 3/24/05 (Column 1) (Column 2) (Column 3)							SMAL	L E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	:23	Minus	- 2	3			X\$ 9=			OR	X\$18=		
	Independent	* 5 NTATION OF MR	Minus	SENDENT	5			X42=			OR	X84=		
			CHIPLE DEPENDENT COAIM					+140=			OR	+280=		
7/15/05 (Column 1) (Column							E A	YOT/			OR	TOTAL ADDIT, FEE		
									_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	<u>- 2</u>	3	e		X\$ 9≈			OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MU	Minus	ENDENT	CLAIM	•		X42=			OR	X84=		
	-						'	+140=			OR	+280=		
								TOTA DOIT. FE			OR ,	YOTAL ODIT, FEE		
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colum		(Column 3)	,							
5 1		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9≈	T		OR	X\$18=		
		*	Minus	***		9	1	X42=	†			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╅		OR		{	
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+280=		
! !!	the "Highest Nur the "Highest Nur	nber Previously Pa mber Previously Pa ber Previously Paid	d For IN THE	S SPACE IS	less than	20, enter "20."	~4	TOTAL DOIT. FEI Id in the s	ĒL			TOTAL DDIT. FEE		